

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000699

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: SOUTH FLORIDA ELITE, INC.

**Current Principal Place of Business:**

23723 SW 108 CT  
MIAMI, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

23723 SW 108 CT  
MIAMI, FL 33032

**New Mailing Address:**

FEI Number: 65-1093305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HENDRICKS, WAYNE  
23723 SW 108 CT  
MIAMI, FL 33032 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: COVEN, AL  
Address: 10500 SW 123 STREET  
City-St-Zip: MIAMI, FL 33176

Title: P ( ) Delete  
Name: FUSFIELD, GLENN  
Address: 10040 SW 141 STREET  
City-St-Zip: MIAMI, FL 33176

Title: S ( ) Delete  
Name: GERSON, LORI  
Address: 7260 SW 135 TER  
City-St-Zip: MIAMI, FL 33156

Title: VP ( ) Delete  
Name: CLARK, TERRI  
Address: 8325 SW 150 DRIVE  
City-St-Zip: MIAMI, FL 33158

Title: VP ( ) Delete  
Name: PUIG, NANCY  
Address: 3721 CRAWFORD AVE  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AL COVEN

T

04/26/2009

Electronic Signature of Signing Officer or Director

Date